

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 107531032

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/	/	/			52							
3		/	/	/			53							
4		/	/	/			54							
5		/	/	/			55							
6		/	/	/			56							
7		/	/	/			57							
8		/	/	/			58							
9		/	/	/			59							
10	/		/				60							
11		/	/	/			61							
12		/	/	/			62							
13		/	/	/			63							
14		/	/	/			64							
15		/	/	/			65							
16		/	/	/			66							
17		/	/	/			67							
18		/	/	/			68							
19							69							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	16	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	18						TOTAL CLAIMS							

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